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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe d/b/a Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2017-260-T
2017-259-T

2016-24-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Richard HoneycuttTelephone: 843-517-1565Address: 726C Northhampton st
Pineblair SC 29728Fax: 843-781-8851

Other: _____

Email: CommunityTransport@psc.state.sc.us

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

REQUEST FOR SUSPENSION FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: August 25, 2017Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
☐ Class C Charter Certificate Number _____
☐ Class C Charter Bus Certificate Number _____
☒ Non-Emergency Certificate Number 9134
☐ Class E Household Goods Certificate Number _____
☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until August 25, 2018

Date: (mm/dd/yyyy)

Community Transit Care LLC
(Name of Company)D/B/A _____
(if applicable)726C North Maple St
(Street and or Mailing Address)Palmetto SC 29728
(City, State, Zip Code)843-517-1365
(Telephone Number)Richard Henry
(Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

The company did not generate an enough funds for the business to grow to a successful business. I am in the process of restructuring the business that it will be able to generate fund to help with the cost of insurance, payroll and other company expenses, by raising funds before starting back.